

Parental/Guardian Notification Form

District Name			
Authorized Official Name		Signature	Date
Student	First Name	Last Name	Grade
Background Information: Under Title III of the No Child Left Behind Act of 2001, which is a federal law, our district is required to identify language minority students, to assess progress in English proficiency, and to provide eligible children with services that would increase their English proficiency and their academic achievement. To comply with this law, your child has been identified and assessed. The following are the results of the assessment conducted to determine whether your child is eligible for services.			
Assessment Tool	Tested Domains	Student Score(s)	Expected or Cut-off Score(s)
	Speaking		
	Writing		
	Listening		
	Reading		
	Comprehension		
Additional Considerations			

Eligibility Information: According to the assessment results and additional considerations above, your child **is** or **is not** eligible to receive services through the program(s) summarized below. Our district has researched and found the content of the program to increase language abilities and academic achievement. Therefore our district is highly recommending your child to participate in the program(s) listed below.

Notes: The summary of the program must include the method of instruction; how the program will meet the educational strengths and needs of the child; how it will specifically help the child learn English; explain exit requirements and how a disabled child's needs shall be met. Attach additional pages as needed.

Program Name	Program Summary
Other Program(s) Offered (attach as needed)	
Transitioning Procedures	

Parental Agreement: According to the law, as a parent of the child, you have the right to authorize or not to authorize our district to enroll your child in any of the programs listed above. In addition, you have the right to remove your child from any program(s) he or she is participating in at anytime.

Please circle yes or no

Yes, I would like my child to participate in the program(s) below

No, I do not want my child to participate in the program(s) below

No, I would like to remove my child from the program(s) below

Parent specifies the program (s)

Signature:

Signature:

Signature:

Print Full Name:

Print Full Name:

Print Full Name:

Date:

Date:

Date: